

NAME CHANGE – INSTRUCTIONS (No Fee)

If a licensee wants to change the name from how they operate, and it does not affect their mode of operation or ownership, they may apply for a name change revision to their license. A revised license must be approved prior to contracting in the new name or it would be considered unlicensed contracting. Additional information may be reviewed from the web at: <http://state.tn.us/commerce/boards/contractors/>

NOTE: Do **NOT** complete the “Name Change” form for the following:

- Mode of operation change
- Change of ownership (cannot add new owners)

CHECK LIST/ATTACHMENTS

1. Please complete the application for name change, with “Contractor’s Affidavit” [pages 2 - 3], signed and notarized, by all owners, officers and qualifying agent. If there is an existing owner or officer leaving the company, they must sign the relinquishment form [page 4].
2. If the current mode of operation is a corporation or LLC, attach a copy of an amended “Certificate of Authority” or “Articles of Organization”. (These may be obtained from the Tennessee Secretary of State’s office at (615) 741-2286 or <http://www.state.tn.us/sos/>)
3. Send to the Board office by the deadline date, which is the last day of the month, prior to a Board meeting. For example, to apply for a revision at the November Board meeting, must submit by October 31st. (The Board meets during the months of January, March, May, July, September and November.) No personal interview is required unless there are complaints or unpaid judgments; and in this case, licensee must include an attached explanation. Mailing address is 500 James Robertson Pkwy., Nashville, TN 37243; physical address is 710 James Robertson Pkwy, Andrew Johnson Tower, 3rd floor for walk-ins.
4. Do not contract in the new name until you receive a revised license in the mail. You may check the status from the website at: <http://licsrch.state.tn.us/>
5. If changing name during renewal time, mail separately, as these are processed by different sections. You may receive two (2) license certificates; one for the revision and the other for the renewal. It is up to the licensee to confirm information on any certificate received in the mail.

IMPORTANT – DO NOT COMPLETE NAME CHANGE FOR THE FOLLOWING!

- A change in majority ownership, partnership, merger, reorganization due to bankruptcy, or purchase by nonstockholders, must apply for a new license (in lieu of name change). Complete “Contractor’s New License Application” which is available from the website at:
http://www.state.tn.us/commerce/boards/contractors/documents/LicenseApplicationWeb_003.pdf
- For a change in mode of operation, must apply for a transfer revision. Complete the Change/Transfer Mode of Operation” in lieu of a name change, which is available from the website at:
<http://www.state.tn.us/commerce/boards/contractors/pdf/modOpChgTransfer.pdf>
- To report a change in Qualifying Agent, must complete form available on the website at:
<http://www.state.tn.us/commerce/boards/contractors/documents/QAAddChangerevJune2007.pdf>
- **Proof of Insurance-** General Liability is required for all revisions.
 - ___ *Attach a **Certificate of Insurance**- You may obtain this by contacting your insurance agency
 - ___ *Certificate must show **Policy number** (Not Binder or Account Number), **Beginning and Expiration dates, Limits of Insurance, Name as on License** must appear in the Insured box. The **Board** should be listed as the certificate holder.



TENNESSEE BOARD FOR LICENSING CONTRACTOR

Mailing Address: 500 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243-1150

(615) 253-5741 or (800) 544-7693 or Fax (615) 532-2868

Website: <http://state.tn.us/commerce/boards/contractors/> Email: KAREN.BAKER@TN.GOV

NO FEE

APPLICATION FOR NAME CHANGE

Please read instructions on page 1

License ID#: 000 _____

Expiration Date: _____

Current Licensed Mode of Operation: ___ Individual/Sole Prop. ___ Corporation ___ Partnership ___ LLC

Current Name on License: _____

Address: _____

(Address Change: ___ **Yes** - Address above indicates new address / ___ **No** - There has been no change)

Telephone (_____) _____ - _____ Cell: (_____) _____ - _____ FAX: (_____) _____ - _____

Email: _____

Owner(s)/Officers and Titles (may submit attachments), as listed on license prior to change:

1. _____ (Ownership) _____ % 2. _____ (Ownership) _____ %

3. _____ % 4. _____ %

Qualifying Agent(s): _____; Number of Employees - _____

Current complaints or judgments against this company? ___ No ___ **Yes** – Attach Explanation

NEW COMPANY NAME INFORMATION

(Completed all four (4) sections)

1. New Company Name: _____

(Note: Mode of Operation- Must be the same as currently licensed as indicated above))

2. Change in officers or titles? ___ No ___ **Yes** – List below. Ownership Change? ___ No ___ **Yes** – attach explanation

1. _____ 2. _____

3. _____ 4. _____

3. Has Qualifying Agent Changed ___ No ___ **Yes** - Name: _____ SS# _____

(Note: If QA has changed, must submit test scores)

4. Attach proof of insurance. ___ No ___ **Yes**

(For Office Use)

Class: _____; Limit: _____

___ Denied ___ Approved – Upon Receipt of: _____ / _____ / _____

Board Member

Date

CONTRACTOR'S AFFIDAVIT – NAME CHANGE REQUEST
(To be signed by owners, officers and Qualifying Agent)

1. _____
(List Contractor's New Name as to be Licensed)
- Mode of Operation:** { } Corporation { } Partnership { } Individual { } Limited Liability Company
-
2. To the best of my knowledge, information, and belief, a petition in bankruptcy { } ***HAS { } HAS NOT** been filed within seven (7) years preceding the filing of this application from any person who is an officer, owner, partner of this entity. *(If such petition has been filed, attach information and an explanation of the proceedings hereto as part of affidavit.)*
-
3. As "Contractor" (owner/proprietor or partner, officer, director, qualifying agent or major stockholder) with this company, firm, or corporation, do hereby affirm, I/we { } ***HAVE { } HAVE NOT** been convicted of a felony, participated or any other conduct which constitutes improper, fraudulent, or dishonest dealings, involvement with any company who is in violation of T.C.A. 62-6-118. *(If you checked "HAVE", please attach an explanation, court document, probation release, etc. Please note, subject to background check and the Board may deny license based on any felony conviction.)*
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4. As "Contractor", I/we { } ***HAVE { } HAVE NOT** bid, offered to engage or performed any construction, in the State of Tennessee, where the amount of the contract would require a license to engage in contracting, **in the new name to be licensed**. If so, please attach an explanation.
-

I/we affirm in applying to the Tennessee Board for Licensing Contractors for a license name change to engage in contracting with the State of Tennessee, hereby depose and say as follows:

Information provided in this application is true and correct, submitted to the Board for Licensing Contractors for the express purpose to change the license name of contractor's license, in the State of Tennessee. Further, there has been no change in ownership, merger or reorganization pursuant bankruptcy, which requires a new license. In addition, this change in license name does not relieve contractor of any liabilities contracted in prior name.

***If you checked "HAVE" or "HAS", please attach explanation-**

The individual, owners, qualifying agent(s), partners, major officers, controlling stockholders, or Chief Executive Officer duly authorized by the Board of Directors, with this entity, must execute this affidavit

_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)

Affirmed, witnessed and subscribed before me this _____ day of _____, 20 _____.

(NOTARY PUBLIC)

(SEAL)

My Commission Expires: _____



Tennessee Board for Licensing Contractors

Mailing Address: 500 James Robertson Pkwy.

Nashville, TN 37243-1150

Telephone: (615) 253-5741 / Fax: (615) 532-2868

<http://state.tn.us/commerce/boards/contractors/>

Email: Karen.Baker@tn.gov

***LETTER OF RELINQUISHMENT**

Date: _____

LICENSE ID # _____

I, _____, formerly of _____,
(Print Name of Person Leaving) **(Name of Company/Corporation)**

hereby relinquish all rights to said license. Further, I understand by relinquishing these rights, I would need to reapply for a contractors license before conducting business as a licensed contractor.

(Signature)

Subscribed before me this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

State of _____

County of _____

***Page 4 is only needed if a former owner or officer is leaving the licensed company.**

(Note: License cannot be transferred to new owners!)